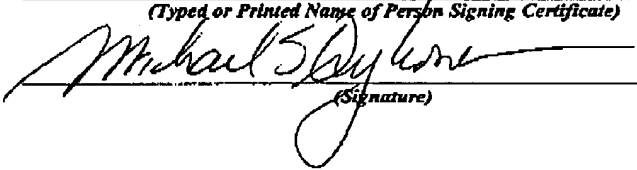
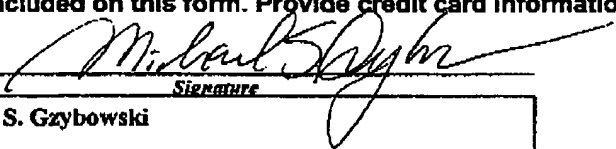


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. 121046-001
Applicant(s): Michael LAMBRIGHT			
Application No. 10/612,254	Filing Date July 2, 2003	Examiner Gregory Adams	Group Art Unit 3652
Invention: SPARE TIRE STORAGE APPARATUS			RECEIVED CENTRAL FAX CENTER MAY 30 2006
<p>I hereby certify that this <u>Amendment (with Replacement Drawing Sheet) and Amendment Transmittal</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>572-273-8300</u>)</p> <p>on <u>May 30, 2006</u> (Date)</p> <p style="text-align: right;">Michael S. Gzybowski (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>121046-001</b>									
Applicant(s): <b>Michael LAMBRIGHT</b>													
Application No. <b>10/612,254</b>	Filing Date <b>July 2, 2003</b>	Examiner <b>Gregory Adams</b>	Customer No. <b>35684</b>	Group Art Unit <b>3652</b>	Confirmation No. <b>3335</b>								
Invention: <b>SPARE TIRE STORAGE APPARATUS</b>													
					<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>  <b>MAY 30 2006</b>								
<u>COMMISSIONER FOR PATENTS:</u>													
Transmitted herewith is an amendment in the above-identified application.													
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27													
The fee has been calculated and is transmitted as shown below.													
<b>CLAIMS AS AMENDED</b>													
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE								
TOTAL CLAIMS	18 -	20 =	0	x \$25.00	\$0.00								
INDEP. CLAIMS	2 -	3 =	0	x \$100.00	\$0.00								
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00								
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>								
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>12-2136</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.													
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>													
 _____ Signature			Dated: <b>May 30, 2006</b>										
<b>Michael S. Gzybowski</b>   ***Filed via facsimile transmission			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		(Date)	_____	Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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(Date)	_____												
Signature of Person Mailing Correspondence													
Typed or Printed Name of Person Mailing Correspondence													
cc:													

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